

**FINANCIAL DISCLOSURE STATEMENT**State Form 40876 (R11 / 3-10)  
OFFICE OF THE INSPECTOR GENERAL  
IC 4-2-6-8**RECEIVED**

JAN 31 2011

For the calendar year

**2011**OFFICE OF THE INSPECTOR GENERAL ☒ Check if this is an amendment to your current statement.

Please read guidelines on page 4.

Name (last) <b>White</b>	Name (first) <b>Charles</b>	Name (middle) <b>Patrick</b>
Spouse's name (last) <b>Quigley White</b>	Name (first) <b>Michelle</b>	Name (middle) <b>Catherine</b>
Office address (number and street) <b>13086 Overview Drive</b>	City <b>Fishers IN</b>	ZIP code <b>46037</b>
Office telephone number <b>(317) 232-6536</b>	Email address (required)	

I am filing this statement as a: (please select one) <input type="checkbox"/> Candidate for office <input checked="" type="checkbox"/> Incumbent officeholder <input type="checkbox"/> State employee	
Office or agency <b>Indiana Secretary of State</b>	Job title <b>Indiana Secretary of State</b>

**EACH PART MUST BE ANSWERED. WORDS IN *BOLD ITALICS* ARE INCLUDED IN THE DEFINITIONS.**

If you have information to report below, select YES. If no information, select NO.

☐ Yes☐ No**PART 1 - GIFTS**List the name and address of any **person** known to have a **business relationship** with the agency of the state officer or employee or the office sought by the candidate, and from whom the state officer, candidate, or the employee, or that individual's spouse or unemancipated children received a **gift** or gifts having a total fair market value in excess of one hundred dollars (\$100).

Name (last)	Address (city)	ZIP code
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If you have information to report below, select YES. If no information, select NO.

☐ Yes☒ No**PART 2 - REAL PROPERTY INTERESTS**

List the location of all real property in which you, your spouse, or your unemancipated children have equitable or legal interest either amounting to five thousand dollars (\$5,000) or more or comprising ten percent (10%) of your net worth or the net worth of your spouse or your unemancipated children. You need not include your residence unless it also serves as income property.

Property and its location <b>N/A</b>
Property and its location <b>N/A</b>
Property and its location <b>N/A</b>

If you have information to report below, select YES. If no information, select NO.

☒ Yes☐ No**PART 3 - NON-STATE EMPLOYERS**List the name of your **employer(s)** and the employer(s) of your spouse and the nature of each employer's business.

Your employer	Nature of business
Spouse's employer <b>SURA Spa, Noblesville, IN</b>	Nature of business <b>Medical spa / Esthetician</b>

If you have information to report below, select YES. If no information, select NO. ☒ Yes ☐ No

**PART 4 - SOLE PROPRIETORSHIP OR PROFESSIONAL PRACTICE**

List any sole proprietorship owned or professional practice operated by you or your spouse and the nature of the business.

Name of your business N/A	Nature of business
Name of spouse's business Chez Michelle spa	Nature of spouse's business Esthetician

Do any clients for these businesses listed above have a **business relationship** with your agency (or in the case of a candidate, with the office sought)?  
☐ Yes ☒ No

List the name of any client or customer from whom you or your spouse received more than thirty-three percent (33%) of your (or your spouse's) non-state income in a year.  
N/A

If you have information to report below, select YES. If no information, select NO. ☐ Yes ☒ No

**PART 5 - PARTNERSHIPS**

List any partnership in which you or your spouse is a member and the nature of the partnership business.

Name of partnership	Nature of partnership
Name of spouse's partnership	Nature of spouse's partnership

If you have information to report below, select YES. If no information, select NO. ☒ Yes ☐ No

**PART 6 - OFFICER OR DIRECTOR OF CORPORATION**

List the name of any corporation in which you or your spouse is an officer or director and the nature of the corporation's business. Churches need not be listed.

Name of corporation International Resources, Inc.	Nature of business products Telephone Manufacture/Distributor
Name of spouse's corporation	Nature of spouse's business

If you have information to report below, select YES. If no information, select NO. ☐ Yes ☒ No

**PART 7 - STOCKHOLDER OF CORPORATION**

List the name of any corporation in which you, your spouse, or your unemancipated children own stock or stock options having a fair market value in excess of ten thousand dollars (\$10,000). A time or demand deposit in a financial institution or insurance policy need not be listed.

Name of corporation	Yours	Spouse's	Children's
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have information to report below, select YES. If no information, select NO. ☐ Yes ☐ No

**PART 8 - MOST RECENT EMPLOYER**

List the name and address of your most recent former employer.

Name of your most recent former employer Krieg DeVault	Street address (number and street) North Meridian Street		
	City Indianapolis	State IN	ZIP code

### COMMENTS

Please place any comments in the fields below.

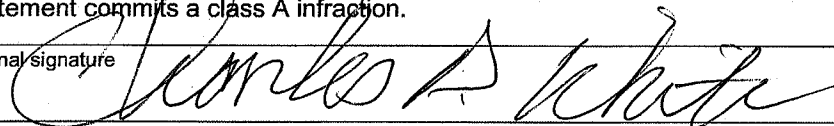
### AFFIRMATION

I swear or affirm, under the penalty of perjury, that the facts as presented on this Financial Disclosure Statement are true, complete, and correct to the best of my knowledge and belief.

I understand that I may file an amended statement upon discovery of additional information required to be reported.

I acknowledge awareness of Indiana Code 4-2-6-8(d) under which a failure to file in a timely manner or filing a deficient statement is subject to a civil penalty at the rate of not more than **ten dollars (\$10) for each day the statement remains delinquent or deficient. The maximum penalty under this subsection is one thousand dollars (\$1,000).** I also acknowledge awareness of Indiana Code 4-2-6-8(e) under which a person who intentionally or knowingly files a false statement commits a class A infraction.

Personal signature



Date signed (month, day, year)

11/12/11

Mail or deliver to the following address:

Office of the Inspector General  
315 West Ohio Street, Room 104  
Indianapolis IN 46202-3210  
Telephone: (317) 232-3850